Renewal Application for a Permit to Operate State of New York Department of Health

Facility Information	(Please modify only			
Facility				Code
Address	12273 119			Phone (507) 778 7895
Location Village	JA.		County	
Mail To-				
7.8		134777		
Permitted Operation	1.			
Event				Fee Exempt _
n Operation: () Year	-Round O Seasonal Ex		Expected Closing	Date Month/Day
Days/Hours of Operation:	Please enter hours of operat			Capacity
				Units
Total Fee Due	Permit Ex	piration Date	1 L 412	
Total Fee Due Operations Regulate		piration Date	2 - 412	
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FOR OFFICE USE ONLY

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Workers' Compensation and Di	isability Insurance (Enter	r current Information)				
Workers' Compensation Policy Carrier		Policy Carrier				
Policy No		Policy No	Exp. Date			
Form C10521 Issued on	Exp Date					
Return Completed Application						
Please return completed ap	Hornell Dis 107 Broady Hornell NY	trict Office vay, Room 105 148431562				
-1.1	(607) 324 -	8371				
Signature of Individual Operator	r or Authorized Official (Entire section must be comp	leted by all applicants.)			
ailure to completely fill out and si permit is a violation of the State Sa	anitary Code.		e. Operation without a valid			
ignaturerint Name			Date			
III Name		Title				
OR OFFICE USE ONLY						
	es No Permit Effec	tive Date Perm	nit Expiration Date			
onditions of approval						
95.8						
nature		Title	Date			